

PART I.

Please answer the following questions on your background.

1. Who do you live with? (*Circle one.*)

- a. both parents (or stepparents)
- b. only with my mother (or stepmother)
- c. only with my father (or stepfather)
- d. sometimes with my mother (or stepmother) and sometimes with my father (or stepfather)
- e. other person(s)
- f. alone

2. Which category is your father's main job in? (*Circle one.*)

- a. major professional (doctor, lawyer, large business owner)
- b. minor professional (teacher, engineer, nurse, pilot, military officer)
- c. small business owner, manager
- d. clerk, salesperson, stewardess
- e. skilled laborer (electrician, plumber, tailor, mechanic, truck driver, military enlisted)
- f. semi-skilled laborer (machine operator, cook, waitress)
- g. unskilled worker
- h. unemployed, welfare
- i. househusband

3. Which category is your mother's main job in? (*Circle one.*)

- a. major professional (doctor, lawyer, large business owner)
- b. minor professional (teacher, engineer, nurse, pilot, military officer)
- c. small business owner, manager
- d. clerk, salesperson, stewardess
- e. skilled laborer (electrician, plumber, tailor, mechanic, truck driver, military enlisted)
- f. semi-skilled laborer (machine operator, cook, waitress)
- g. unskilled worker
- h. unemployed, welfare
- i. housewife

4. What is the highest grade completed by your father? (*Circle one.*)

- a. not completed elementary school (8th grade)
- b. not completed high school (12th grade)
- c. completed high school (received a diploma)
- d. some college or job training (1 to 3 years)
- e. completed college (4 years)
- f. completed Graduate school (Doctor, Lawyer)

5. What is the highest grade completed by your mother? (*Circle one.*)

- a. not completed elementary school (8th grade)
- b. not completed high school (12th grade)
- c. completed high school (received a diploma)
- d. some college or job training (1 to 3 years)
- e. completed college (4 years)
- f. completed Graduate school (Doctor, Lawyer)

6. What is your ethnic background? (*Please circle the one category that best applies. If you circled "b"(Asian) or "c" (Latino), also check the specific category that applies to you.*)

- a. Asian or Asian American
→ → Which Asian group?
 - Chinese
 - Japanese
 - Filipino
 - Korean
 - Vietnamese
 - Cambodian
 - Other (*please describe*) _____
- b. Latino or Hispanic
→ → Which Latino group?
 - Mexican/Mexican American
 - Central American
 - Puerto Rican
 - Cuban
 - Other (*please describe*) _____
- c. African American or Black
- d. White, Caucasian, Anglo, European American; not Hispanic
- e. American Indian or Native American
- f. Mixed: My parents are from two different groups
 - *Male parent is:* _____
 - *Female parent is:* _____
- g. Other (*please describe*) _____

7. In general, what language(s) do you read and speak? (*Circle the best answer.*)

- a. English only
- b. English more than another language
- c. English and another language equally
- d. another language more than English
- e. another language only (not English)

PART II.

Please answer each of the following questions about drug use.

8. How many times have you tried each of the drugs below (in your lifetime)? Put a check in a box to indicate your answer for each drug.

	0 times	1-10 times	11-20 times	21-30 times	31-40 times	41-50 times	51-60 times	61-70 times	71-80 times	81-90 times	91-100+ times
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (Weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Crack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, Acid, Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulants (Ice, Speed, Amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (Rush, Nitrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs (Depressants, PCP, Steroids, Heroin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How many times have you used each of these drugs in the last month (in the last 30 days)? *Put a check in a box to indicate your answer for each drug.*

0 times 1-10 times 11-20 times 21-30 times 31-40 times 41-50 times 51-60 times 61-70 times 71-80 times 81-90 times 91-100+ times

Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (Weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Crack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, Acid, Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulants (Ice, Speed, Amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (Rush, Nitrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs (Depressants, PCP, Steroids, Heroin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of things that some people do to protect themselves.

How often have you done each of these things in the last year (in the last 12 months), to feel safer? *Put a check in a box to indicate your answer for each response below:*

	Never	Rarely	Sometimes	Often	Always
10. Try to talk out the conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Yell at people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Carry a knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Carry a gun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each question below, please put an "X" in the box that indicates how many times that event has happened to you in the last year (last 12 months).

	0 Never	1 time	2 times	3 times	4 times	5 or more times
14. How often has someone injured you on purpose without using a weapon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. How often has someone threatened you with a weapon, but not actually injured you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. How often has someone injured you with a weapon (like a knife, gun or club)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. How often has someone deliberately damaged or stolen your property (your clothing, radio etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III.

**PLEASE ANSWER THE FOLLOWING QUESTIONS.
Circle only ONE answer per question.**

- 18. Which of the following is NOT an effective communication skill?**
- a. Acknowledge what the speaker is saying by nodding, eye-contact, etc
 - b. Make sure verbal and nonverbal messages match
 - c. Look at the speaker and pay attention to what he or she is saying
 - d. Plan your next statement while the speaker is talking
- 19. An open mind means you are...**
- a. Liberal in your thinking
 - b. Able to express your attitudes
 - c. Willing to listen to other people's view points
- 20. What percent of students use LSD weekly?**
- a. 1%
 - b. 4%
 - c. 26%
- 21. What is a self-fulfilling prophecy?**
- a. Becoming what others expect by believing their judgements
 - b. Doing what you want to do
 - c. Finally achieving your goals
- 22. Which of the following is NOT a myth of drug use?**
- a. Drugs help people establish friendships
 - b. People often argue and fight more when using drugs
 - c. Drug use indicates personal independence
- 23. "Reinterpretation" of drug use consequences means...**
- a. Making negative drug use consequences seem positive
 - b. Ignoring one's own physical injury from one's drug use
 - c. Blaming others for one's own drug use
 - d. Ignoring how one's drug use affects others

- 24. Difficulty concentrating, urges, sometimes sweating, irritability and restlessness are signs of what?**
- a. Tolerance
 - b. Denial
 - c. Withdrawal
- 25. Why might a person in a family affected by drug use feel that he or she must overachieve?**
- a. To mask his/her true feelings
 - b. To prove to the world that his/her family is okay
 - c. To make himself/herself invisible
 - d. To achieve personal goals
- 26. What is the best thing to do to support someone who has a drug problem?**
- a. Ignore them
 - b. Stop enabling them
 - c. Lecture them
 - d. Turn them in
- 27. Which of the following areas of your life may suffer due to marijuana abuse?**
- a. Emotional
 - b. Social
 - c. Physical
 - d. All of the above
- 28. In terms of damage to the lining of your lungs, two joints are equivalent to how many cigarettes?**
- a. 1-5
 - b. 10-15
 - c. 20-25
- 29. Which of the following is a good way to deal with tobacco use withdrawal symptoms?**
- a. Only take a couple of puffs of a cigarette
 - b. Smoke marijuana instead
 - c. Drink water
 - d. Use snuff or chewing tobacco instead

- 30. What is the third leading cause of preventable death?**
- a. Accidents
 - b. Passive smoking
 - c. Alcohol use
 - d. Heroin use
- 31. How many known or suspected cancer-causing substances have been found in tobacco smoke?**
- a. 1-5
 - b. 6-10
 - c. More than 10
- 32. What does “COPE” stand for?**
- a. Compulsive – obsessive personal evaluation
 - b. Consider lifestyle alternatives, others support, problem solving, esteem building
 - c. Consider pros and cons, be open to options, place values on options, put effort into following through with decisions
- 33. Does drug use cause stress?**
- a. Yes
 - b. No
- 34. Laughing at a funeral is an example of...**
- a. Stereotyping
 - b. Being assertive
 - c. Bad timing
 - d. Dealing with stress
- 35. What are the consequences of having negative thoughts?**
- a. We have negative experiences
 - b. There are no consequences
- 36. Does drug use lead to negative thinking?**
- a. Yes
 - b. No, negative thinking leads to drug use but not the other way around

37. What does it mean to have a radical view?

- a. Maintaining the status quo
- b. Challenging the status quo
- c. A combination of both (A and B)

38. A traditional view on gun control would be....

- a. Everyone should have the right to carry any type of gun anytime they want
- b. Only police officers should be allowed to carry guns
- c. Guns should be outlawed

39. What is brainstorming?

- a. Making lists of ideas without judging them
- b. Comparing the pros and cons of a decision
- c. When your head is full of ideas and you cannot make a decision
- d. Cut the message into elements

Continue on the next page.....

40. How likely is it that you will use this drug in the next year (12 months)?
 Put a check in a box to indicate your answer for each drug.

	definitely not	probably not	a little likely	somewhat likely	very likely
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (Weed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Crack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens (LSD, Acid, Mushrooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stimulants (Ice, Speed, Amphetamines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants (Rush, Nitrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Depressants, PCP, Steroids, Heroin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(THIS IS THE END OF THE SURVEY.
 THANK YOU VERY MUCH FOR PARTICIPATING.)